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ABSTRACT

This review of the activities of eight Head Start grantees during the 1973-74 program year incorporates for each topic the study findings, recommendations to the Department of Health, Education and Welfare (HEW), and comments from HEW in response to recommendations. Topics include excerpts of Head Start (e.g., available services, children's educational gains, parent participation), services provided to the handicapped, and problems in administration. Grantees were found to be marginally successful in facilitating parent participation, and it is recommended that alternative means of involving parents be developed. Examination of services provided to handicapped children by the Office of Child Development and Head Start grantees indicated that Head Start programs lack the professional staff, training, facilities, and equipment needed to serve the severely handicapped. It is recommended that this situation be remedied and that professional confirmation of classification of handicapped children be obtained to avoid misclassification. Administrative problems discussed include low enrollment, low average daily attendance and service to ineligible families. These problems are said to continue because of inadequate monitoring of grantees by the regional offices. Appendices to the report give information from selected studies relating to the impact of Head Start and comments from HEW pertaining to the draft report by the General Accounting Office entitled "Assessment of Project Head Start." (GO)

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REPORT TO THE CONGRESS

Project Head Start: Achievements And Problems

Office of Human Development
Department of Health, Education, and Welfare

*BY THE COMPTROLLER GENERAL
OF THE UNITED STATES*

MWD-75-51

MAY 20, 1975

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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(1)

To the President of the Senate and
the Speaker of the House of Representatives

This report assesses Project Head Start, which is administered by the Office of Child Development in the Office of Human Development, Department of Health, Education, and Welfare.

We made our review pursuant to the Budget and Accounting Act, 1921 (31 U.S.C. 53), and the Accounting and Auditing Act of 1950 (31 U.S.C. 67).

We are sending copies of this report to the Director, Office of Management and Budget, and the Secretary of Health, Education, and Welfare.

Comptroller General
of the United States

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ABBREVIATIONS

GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare
OCD	Office of Child Development
OEO	Office of Economic Opportunity

COMPTROLLER GENERAL'S
REPORT TO THE CONGRESS

PROJECT HEAD START:
ACHIEVEMENTS AND PROBLEMS
Office of Human Development
Department of Health, Education,
and Welfare

D I G E S T

WHY THE REVIEW WAS MADE

Because of Head Start's substantial Federal funding, the need to follow up on previous GAO recommendations, and the Congress' continuing interest in this program, GAO assessed the program's results and its management by the Office of Child Development, within the Department of Health, Education, and Welfare's (HEW's) Office of Human Development.

FINDINGS AND CONCLUSIONS

Results of Head Start

Since 1965 Head Start has delivered educational, health, nutritional, and social services to over 5.3 million children and their families at a cost of approximately \$3.16 billion. It has also provided opportunities for parental participation in the development, conduct, and overall program direction at the local level.

The Office of Child Development's overall goal for Head Start is to develop greater social competence in economically disadvantaged children. The Office defines "social competence" as a child's everyday effectiveness in dealing with his environment and later responsibilities in school and life.

Although there are difficulties involved in measuring Head Start's

results, several independent studies concluded that the Office of Child Development's goal has been partially realized, especially from a short-range view.

Specifically, the consensus is that Head Start participants are better prepared to enter local schools than their disadvantaged, nonparticipating peers. Most studies concluded that educational gains of Head Start graduates progressively declined after the children left the program and were virtually lost by the end of third grade. This loss of early gains may be attributed to intervening factors, such as home environment, community environment, and perhaps even local school programs.

Recent research, however, suggests that if a child continues to attend a special program or receives special attention beyond that given in the regular school system, short-term gains may be sustained.

Parent participation

The Economic Opportunity Act of 1964, as amended, states that Head Start will provide for direct participation of parents of Head Start children in the development, conduct, and overall program direction at the local level.

The Office of Child Development's Head Start policy is predicated on the concept that the program's

success demands the fullest involvement of parents or parental substitutes.

To meet this goal, the Head Start Manual of Policies and Instructions sets forth the following opportunities for parent participation

- involvement in decisionmaking for program planning and operation,
- use in the classroom as paid employees, volunteers, or observers,
- involvement in developing support activities, and
- work with their own children in cooperation with Head Start staff (primarily through home visits by teachers).

Grantees achieved only limited success, however, in obtaining parental involvement. Parents were neither regularly volunteering in the classroom nor attending local Head Start center committee meetings. Home visits by teachers were also infrequent. (See pp. 7 and 8.)

Services to the handicapped

The Economic Opportunity Amendments of 1972 require that at least 10 percent of the total national enrollment opportunities in Head Start be available for handicapped children and that services be provided to meet their special needs.

To comply with congressional intent that Head Start enroll handicapped children, including those with more than marginal handicaps, Head Start grantees are encouraged to serve the severely handicapped.

Although Head Start has served handicapped children, it has generally not served severely handicapped children. Local officials said additional resources, including professional staff, training facilities, and equipment, were needed to adequately serve the severely handicapped. Until HEW provides a means for obtaining needed resources, local programs should not be expected to enroll severely handicapped children.

Legislation also requires that the Office of Child Development report annually to the Congress on the status of handicapped children in Head Start, including numbers served, their handicapping conditions, and services provided.

In gathering data for this report, the Office requested that Head Start grantees provide their data early in the program year, and many grantees provided information when they were underenrolled or before all children had been medically screened and/or diagnosed.

Several grantees reported more handicapped children than data could support, and GAO questions the Office's statistics on the number of handicapped children enrolled in Head Start.

In several cases children were incorrectly classified as handicapped. To minimize this possibility, local programs should obtain professional confirmation before identifying the child as handicapped. (See p. 15.)

Administrative problems

Although Head Start has provided many services to participants, certain

improvements could make the program more effective.

Head Start requires that not more than 10 percent of enrolled children be from nonpoor families. GAO analyzed the income eligibility and found at least 25 percent of the authorized enrollment were nonpoor. Ineligible children were being served because grantees had not adequately verified family income or had misinterpreted the eligibility guidelines. (See p. 18.)

Four of the grantees reviewed were underenrolled in school years 1972-73 and 1973-74 because their recruitment efforts were not begun early enough nor continued long enough to maintain full enrollment throughout the school year. (See p. 19.)

Many grantee problems, including recruitment and eligibility as well as underenrollment, were previously identified through HEW regional office monitoring and GAO reviews.

These problems continue because the three HEW regional offices reviewed were not effectively following up on problems identified in monitoring reports to insure that grantees were taking corrective actions. (See p. 22.)

HEW audit reports and regional office officials concluded that followup on recommendations in monitoring reports was inadequate because of limited regional staff available.

In addition, HEW regional offices were not aware of problems until monitoring occurred because they did not systematically receive data on grantees' activities to make earlier determinations of compliance with Head Start guidelines and help HEW focus its field resources. (See p. 22.)

RECOMMENDATIONS

The Secretary of HEW should direct the Office of Child Development to:

- Help local project officials in identifying and implementing alternative means for involving more parents in the program. (See p. 8.)
- Identify and provide a means for obtaining the resources, including professional staff, training, facilities, and equipment, needed for Head Start to adequately serve severely handicapped children before encouraging local programs to enroll such children. (See p. 17.)
- Ascertain that local programs obtain professional confirmation before any Head Start child is classified as handicapped. (See p. 17.)
- Require grantees to obtain documentation demonstrating eligibility from families applying for Head Start to insure that no more than 10-percent nonpoor families are served.
- Require grantees to emphasize early and continuous recruitment to better insure full enrollment.
- Require grantees experiencing high absenteeism to overenroll after considering staff-student ratios and causes of absenteeism.
- Assess the current processes used by regional offices during monitoring of Head Start grantees to determine whether staff time and resources are being efficiently used.
- Systematically acquire the information needed by regional offices

to help HEW focus its field resources on problems. (See p. 24.)

AGENCY ACTIONS AND
UNRESOLVED ISSUES

HEW concurred with GAO's recommendations and described actions taken or planned to implement them. Appendix II contains a complete text of HEW's comments.

MATTERS FOR CONSIDERATION
BY THE CONGRESS

This report contains information which should assist committees and Members of Congress with their legislative responsibilities relating to Project Head Start.

Because of the specialized services needed by severely handicapped children and the lack of resources in Head Start to provide for both them and the present enrollment of nonhandicapped and marginally handicapped children, the Congress may wish to consider whether the program is appropriate for meeting the needs of severely handicapped children.

An alternative that should be considered is whether funding other preschool programs specifically designed for the severely handicapped, such as those supported by the Office of Education's Bureau of Education for the Handicapped, would better achieve desired objectives. (See p. 17.)

INTRODUCTION

The Head Start program was established by the Office of Economic Opportunity (OEO) in the Spring of 1965 under authority of the Economic Opportunity Act of 1964 (42 U.S.C. 2781). Through subsequent amendments, Head Start became an experimental-demonstration program providing health, educational, nutritional, social, and other services primarily to economically disadvantaged preschool children, their families, and their communities (42 U.S.C. 2809). Head Start is also required to provide for direct parental participation in the program's development, conduct, and overall direction.

The Head Start Manual of Policies and Instructions sets forth guidelines for the program's administration and includes Head Start Program Performance Standards. These standards state the expected quality of operation which must be maintained by a Head Start program and constitute the minimal requirements that must be met by local Head Start grantees to receive Federal funds. The manual requires that no more than 10 percent of enrollees in each Head Start class be from nonpoor families.

Head Start funds are used primarily to support full-year and summer programs. Full-year, full-day programs operate up to 8 hours a day on an average of 11 months a year, while full-year, part-day programs operate on an average of 4 hours a day for approximately 9 months a year. Head Start's full-day programs also provide day care and are established when suitable care is generally unavailable for most of the children in the program. Summer programs operate for at least 15 hours a week for an average of 8 weeks and provide the same range of services as full-year programs, with emphasis on meeting special health care and dental needs of participants. Both full-year and summer programs primarily enroll children who will enter kindergarten or first grade after leaving Head Start.

On July 1, 1969, the Director of OEO delegated Head Start to the Department of Health, Education, and Welfare (HEW). The Office of Child Development (OCD) was established by HEW and located in the Office of the Assistant Secretary for Administration, Office of the Secretary, to administer Head Start and develop policies for program operations, financial planning, and evaluation. In April 1973 OCD was made part of the newly established Office of Human Development. OCD and HEW's 10 regional offices administer Head Start through grants to local nonprofit organizations, such as community action agencies, school districts, and Indian tribes.

The 10 regional offices are responsible for processing grant proposals, providing technical assistance to local grantees, and monitoring grantee operations. Many grantees operate the Head Start program themselves; others contract with delegate agencies for program operations.

Grantees and delegate agencies generally provide services at different locations throughout their target areas. Each location is called a center and each center may have one or more classrooms.

BASIC LEGISLATION

The Economic Opportunity Act of 1964, as amended, provides for:

"A program to be known as 'Project Headstart' focused upon children who have not reached the age of compulsory school attendance which (A) will provide such comprehensive health, nutritional, education, social, and other services as the director finds will aid the children to attain their full potential and (B) will provide for direct participation of the parents of such children in the development, conduct, and overall program direction at the local level." (42 U.S.C. 2809)

The legislation also provides for a continuing evaluation of Head Start programs.

The Economic Opportunity Amendments of 1972, enacted September 19, 1972 (Public Law 92-424), require that at least 10 percent of the enrollment opportunities in Head Start be made available to handicapped children.

While this report was at HEW for review and comment, the Economic Opportunity Act was amended by the Head Start, Economic Opportunity, and Community Partnership Act of 1974, enacted January 4, 1975 (Public Law 93-644). The act officially transferred Head Start to HEW and generally continued the program as described. As a result, the findings, conclusions, and recommendations discussed in this report remain applicable.

PROGRAM FUNDING

Since the program began in 1965, approximately \$3.16 billion has been appropriated to serve an estimated 5.32 million children, according to OEO and OCD data, as shown below.

1966	1,000,000	1,000,000
1967	1,000,000	1,000,000
1968	1,000,000	1,000,000
1969	1,000,000	1,000,000
1970	1,000,000	1,000,000
1971	1,000,000	1,000,000
1972	1,000,000	1,000,000
1973	1,000,000	1,000,000
1974	1,000,000	1,000,000
Total	10,000,000	10,000,000

Notes:

According to HHS, the number of children in the United States who are handicapped is increasing in the number of children who are born with handicaps and the number of surviving children of children who were born with handicaps.

Source: HHS

We reviewed the Administration of Developmental Disabilities and related activities in California, Iowa, Massachusetts, Rhode Island, and Washington and the related administrative activities of three HHS regional offices in Boston, San Francisco, and Seattle. Our review of program activities, such as parent participation, eligibility, recruitment, average daily attendance, and services to the handicapped, was performed at selected delegate agencies (hereafter referred to as grantees) of four of the eight grantees. The eight grantees received approximately \$3.5 million in Federal funds to serve about 1,500 handicapped children in the 1974-75 program year.

In two separate reports to the Congress in 1974, "Federal Programs for the Benefit of Handicapped Preschool Children, Los Angeles, California,"--S-15, July 1974, and "Federal Programs for Handicapped City Children"--H-10, July 1974, we identified problems encountered by children with disabilities in the public schools. In the first report, we identified the following problems:

CHAPTER 2

RESULTS OF HEAD START

Head Start has been delivering health, educational, nutritional, and social services to children and their families who participate in the program. In addition, Head Start grantees have generally been providing opportunities for direct parent participation in the development, conduct, and overall program direction at the local level but were only marginally successful in getting parents to regularly volunteer in the classroom and attend center meetings.

Since Head Start's inception, several studies have been made of the program and its participants. A number of the studies we reviewed indicated that Head Start graduates were better prepared to enter regular school programs than their disadvantaged, nonparticipating peers but that the educational gains resulting from Head Start involvement progressively declined after the children left the program.

DELIVERY OF COMPREHENSIVE SERVICES

According to information obtained from OEO and OCD, the Federal Government since 1965 has provided over 5.3 million participating Head Start children with health, educational, nutritional, and social services costing over \$3.1 billion.

All grantees reviewed provided educational and nutritional services; most provided health services, such as physical and dental examinations; and all had a system for providing social services.

EDUCATIONAL GAINS

OCD's overall goal for Head Start is to develop greater social competence in economically disadvantaged children. OCD defines "social competence" as a child's everyday effectiveness in dealing with his environment and later responsibilities in school and life.

Although there are difficulties involved in measuring the results of Head Start,¹ several independent studies and evaluations concluded that some success in attaining OCD's goal has been realized, especially from a short-range view. Specifically, the consensus was that Head Start

¹Several difficulties in measuring Head Start results noted in various reports are the (1) lack of reliable test instruments, (2) problem of collecting and analyzing followup data on Head Start children due to high rates of mobility, and (3) difficulty in giving due consideration to pertinent extraneous factors, such as socioeconomic status and cultural differences. As a result, these studies were generally unsuccessful in developing indicators of social competence.

graduates were better prepared to enter local schools than their disadvantaged, nonparticipating peers. Most studies further concluded that the educational gains made by Head Start participants progressively declined after the children left the program and were virtually lost by the end of third grade. Several studies we reviewed indicate that this loss of early gains may be attributable to intervening factors over which Head Start has no control, including home environment, community environment, and perhaps even local school programs.

A recent publication entitled "A Report on Longitudinal Evaluations of Preschool Programs" indicates that continued preschool and primary school intervention may offset this decline and suggests that continued intervention in public schools may help sustain gains. OCD has recently initiated a new Head Start demonstration program, Project Developmental Continuity, aimed at promoting greater continuity of education and child development services for children as they make the transition from preschool to school. The two basic assumptions of the project are that:

- Growth and learning are gradual and continual.
- Development is enhanced when the program considers the child's needs and home experiences and includes a planned sequence of preschool and early-school experiences.

A multiyear contract has been awarded to conduct a process evaluation of the project. Included will be an impact study designed to test the assumption that child development can be enhanced by developmental continuity.

Synopses of the studies and evaluations we reviewed appear in appendix 1.

PARENT PARTICIPATION

The Economic Opportunity Act, as amended, states that Head Start will also provide for direct participation of parents of Head Start children in the development, conduct, and overall program direction at the local level. Head Start policy is predicated on the concept that the program's success demands the fullest involvement of parents or parental substitutes of enrollees. To meet this goal, the Head Start Manual of Policies and Instructions sets forth the following opportunities for parent participation: (1) involving parents in decision-making for program planning and operation, (2) using parents in the classroom as paid employees, volunteers, or observers, (3) providing support activities which parents have helped develop, and (4) providing opportunities (primarily through home visits by teachers) for parents to work with their own children in cooperation with Head Start staff.

Although the eight grantees reviewed were providing opportunities for parent participation, they were only marginally successful in getting parents to regularly volunteer in the classroom and attend center meetings. Home visits by teachers were also infrequent. In a previous report to the Congress, "Review of Economic Opportunity Programs" (B-130515, Mar. 18, 1969), we concluded that further efforts were needed to involve more parents in the program if parent participation was to be obtained.

Volunteering in the classroom

Records on part-day classes at six of the eight grantees for the 1972-73 school year showed that most parents volunteered at least a few classroom hours. The other two grantees did not maintain volunteer-time records. The 6 grantees served 540 families, and parents from 413 of these families volunteered 13,423 hours in the classroom--an average of 32 hours for the entire school year by families who participated. Volunteer time for many participating families was considerably less than average since 71 percent of the parent classroom hours were donated by parents from 35 percent of the families.

In contrast to the typical situation, at 1 grantee parents from 65 of the 68 families volunteered an average of 52 hours during the 1972-73 school year. Parents and staff at this grantee told us that parent participation was successful because parents were scheduled to participate once a week and the parents assumed it was their responsibility to do so. Several parents said they thought parent participation was mandatory.

Records of the three grantees with full-day classes showed that parents volunteered few hours in the classroom. A low rate of volunteerism is understandable, however, as full-day services are supposed to be provided only to families having no suitable individual at home to care for the child. The 3 grantees served 330 families, and parents from only 108 of these families volunteered 1,172 hours of classroom work. At the three grantees, 72 percent of the parent volunteer classroom hours were provided by parents from 30 percent of the families.

Attendance at center meetings

Head Start grantees are required to (1) set up a center-level committee to help manage the local program and (2) insure that records of attendance are maintained.

Only four of the eight grantees we visited had attendance records of parent center meetings. For two grantees, parents from only 17 percent of the families attended 50 percent or more of the meetings; at the other two grantees, 46 percent attended more than 50 percent of the meetings during school year 1972-73. Attendance at center meetings for the four grantees is shown in the following table.

<u>Grantee</u>	<u>Families served</u>	<u>Number attending</u>		
		<u>No meetings</u>	<u>Less than 50%</u>	<u>50% or more</u>
A	48	5	21	22
C	96	13	38	45
D	95	48	29	18
G	83	25	46	12

Grantee officials and parents of Head Start children told us that participation at center meetings is infrequent for various reasons, including

- employment,
- children at home,
- family problems,
- transportation problems, and
- parent apathy.

Home visits

Head Start requires that teachers make at least three home visits a year (one in summer programs), when parents permit, to discuss the child's educational progress and the need for parental involvement. Generally, teachers at the eight grantees were not making the required three home visits, as shown in the following table.

	<u>Number</u>	<u>Percent</u>
Families served	<u>907</u>	<u>100</u>
Home visits		
3 or more	192	21
1 to 2	196	22
None	353	39
No records available	166	18
Parent did not permit	1	-

Officials at one grantee stated that more home visits would be made in school year 1973-74 because classes had been reduced from 5 to 4 days a week. The fifth day would be used for staff training and parent education.

CONCLUSIONS

The Head Start projects reviewed were delivering health, educational, nutritional, and social services to participating children and their families and were providing opportunities for direct parent participation in the development, conduct, and overall program direction at the

local level. However, grantees were only marginally successful in getting parents to regularly volunteer in the classroom and to attend center meetings.

OCD's overall goal for Head Start is to increase the social competence of economically disadvantaged children. Head Start has had some success in meeting this goal in that participating students are better prepared to enter local schools than their disadvantaged, nonparticipating ~~peers~~. However, educational gains have progressively declined after the children left the program and apparently have not been sustained beyond the third grade.

The loss of early gains may be attributable to intervening factors, such as home environment, community environment, and perhaps even local school programs, over which Head Start has no control. Consequently, expectations of long-term educational gains directly attributable to Head Start participation may be unrealistic.

RECOMMENDATION TO THE SECRETARY, HEALTH, EDUCATION, AND WELFARE

We recommend that the Secretary direct OCD to help local project officials identify and implement alternative means for involving more parents in the program.

AGENCY COMMENTS

HEW concurred with our recommendation and stated that as a central focus of the strategy to upgrade parent activities, OCD is in the process of promulgating regulatory policies in the area of parent involvement. These policies, recently approved by the Secretary as a Notice of Proposed Rule Making, provide for alternative means of involving more parents in the program and increasing the participation of the overwhelming majority of Head Start parents now involved in some capacity. Building upon this policy foundation further priority steps will be undertaken, in coordination with regional offices and local programs, to implement a more effective parent involvement program.

CHAPTER 3

HEAD START SERVICES TO THE HANDICAPPED

The Economic Opportunity Amendments of 1972 require that Head Start enroll and serve eligible handicapped children. The amendments also require that at least 10 percent of the total number of national enrollment opportunities in Head Start be available for handicapped children and that services be provided to meet their special needs.¹ "Handicapped children" are defined as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health-impaired children requiring special education and related services. The amendments further require a report to the Congress on the status of handicapped children in Head Start programs be submitted within 6 months after enactment of the legislation and at least annually thereafter.

Because of concerns expressed by the Senate Committee on Labor and Public Welfare in its report on the amendments regarding services provided to handicapped children, including those with more than marginal handicaps, we examined services provided to handicapped children by OCD and Head Start grantees. We observed that Head Start programs generally lack the resources to adequately serve severely handicapped children.

SERVICES TO THE SEVERELY HANDICAPPED

To comply with congressional intent that Head Start enroll handicapped children, including those with more than marginal handicaps, OCD encourages Head Start grantees to serve the severely handicapped. This category includes children who have severe vision and hearing impairments, who are severely physically and mentally handicapped, and who otherwise meet the legislative definition of handicapped children in terms of their need for special services. Information available from grantees indicated that Head Start has been serving some handicapped children but not the severely handicapped.

Most of the grantees visited said they could not adequately serve severely handicapped children for the following reasons: insufficient number of professional staff, lack of training for present staff, and/or lack of equipment and facilities. Examples of local officials' comments include:

1. "Their Head Start program does not have any severely handicapped children but have in the past and presently are servicing 'handicapped' children. Funds are not adequate for them to adequately handle the severely handicapped. The facilities are not designed to handle such children. There are no ramps, rails, or even diaper-changing facilities. However, the real

¹The Headstart, Economic Opportunity, and Community Partnership Act of 1974, changed the 10-percent requirement from a nationwide basis to a State-by-State one.

problem is the staff training and experience. None are trained to handle the severely handicapped. Also, last year the program had problems in getting volunteers to regularly assist. If handicapped are to be adequately served, a higher ratio of adult (especially persons trained in handling the handicapped) to student is needed--otherwise it places a heavy load on the remaining students as well as the staff. Furthermore, for the severely handicapped a 1 to 1 ratio should be used."

2. "Problems in serving the severely handicapped (children) include the lack of funds, necessary special facilities, and adequately trained staff."
3. "Additional funding² of \$12 per year per handicapped child from OCD will not be sufficient to cover the additional consultant fees which would be incurred to serve the handicapped. Professionals must be available to consult with Head Start parents and staff on educating the handicapped. Also, special equipment and supplies would be necessary before the program could serve some types of severe handicaps."

Several local Head Start officials told us that, before encouraging grantees to serve the severely handicapped, OCD should have obtained grantees' views on the feasibility of this.

One study performed for OCD concluded that the average additional costs of providing needed special services to a handicapped child in Head Start amount to \$1,151 a child. This includes costs for additional staff, staff training, diagnostic services, special services, special equipment and materials, and modification of physical facilities.

We visited a local school district special education program for handicapped preschool children. At the time of our visit, 31 handicapped children were in the program. Table I shows examples of the children participating in the program by type of handicap, and table II shows the qualifications of the staff used to serve these children.

² OCD allotted \$75,000 to OCD region X which in turn provided about \$12 an enrolled child to each grantee. The purpose of the additional funding was to assist grantees in handling handicapped children.

TABLE I

Special Education Program
Local Elementary School 1973-74

Severely Handicapped Room

<u>Child</u>	<u>Age</u>	<u>Handicap</u>
A	4	Blind, neurological impairment
B	5	*Severe retardation, seizure disorder, psychomotor
C	6	Learning and language disability, neurological impairment
D	7	Severe retardation, emotionally disturbed
E	8	Profound retardation, neurological impairment

Moderately Handicapped Room

<u>Child</u>	<u>Age</u>	<u>Handicap</u>
A	2	Delayed motor and language
B	4	Neurological impairment, language disability
C	5	Neurological impairment, seizure disorder, learning and language disability
D	6	Moderate retardation, neurological impairment
E	7	Mild retardation, vision disability

TABLE II

Special Education Program
Local Elementary School 1973-74

Staff Pattern for Handicapped Program

Number of staff 9 1/2
Number of children 31

Children-Staff ratio: 3.3:1 (excluding volunteers)

<u>Position</u>	<u>Number</u>	<u>Training and/or qualifications</u>
Head teacher (note a)	1	M.A. Education, Speech Pathology
Teacher (note a)	3	B.A. Special Education
Teacher (note a)	1	B.A. Psychology
Teacher aide (note a)	1	B.A. Special Education
Teacher aide	1	High school diploma
Occupational therapist	1	Registered (State of Wash.)
Physical therapist	1/2	Registered (State of Wash.)
Communications specialist	<u>1</u>	Registered (State of Wash.)
Total	<u>9 1/2</u>	

a Certificated by State.

In contrast with the above, OCD guidelines state that a Head Start classroom should include a teacher (not necessarily certificated), a paid teacher aide, and a parent or community volunteer. This staffing pattern is for a classroom with 12 to 20 children. Depending on the program's overall size, that is, number of children, classrooms, and centers, a part-time (or full-time) nurse and/or social worker would also be included. The pattern does not include physical or occupational therapists needed for many of the severely handicapped.

Community services for educating the preschool handicapped are very limited. Some States, however, assist special programs, such as the one described above. In addition, the Bureau of Education for the Handicapped, within the Office of Education, HEW, funds about 100 demonstration and 50 outreach projects for preschool handicapped children. With a budget of approximately \$14 million for fiscal year 1975, the Bureau supports projects to stimulate the development of comprehensive educational services for handicapped children from birth through age 8. The strategy is to demonstrate through those projects a wide range of educational and therapeutic services and to help establish State and local programs.

REPORTING OF HANDICAPPED CHILDREN SERVED

The Economic Opportunity Amendments of 1972 require that the annual report to the Congress include information on the status of the handicapped children in Head Start programs, including number of children being served, handicapping conditions, and services being provided such children.

In its first report to the Congress, dated March 1973, OCD reported that Head Start had served about 17,000 handicapped children (15,000 in full-year and 2,000 in summer programs). According to the report, this information was based on data obtained from 712 grantees responding to an OCD survey in August-September 1972.

An OCD official stated that the information used in the first report was based on judgment by OCD staff familiar with the program. According to him, the statistics in this report were not taken solely from the survey responses, but also from telephone conversations with survey respondents and by visiting about 10 locations to gain firsthand knowledge about services actually provided handicapped children. He added that this analysis was necessary to determine whether survey information was overstated or understated. Examples of both were found, but generally program directors overstated the number of handicapped children served. Our review of OCD's summary of the 712 survey responses showed that grantees had reported that 20,728 handicapped children were being served.

For its second annual report to the Congress (April 1974), an OCD contractor gathered data concerning current efforts to serve handicapped children within Head Start programs. The grantees were to submit the data by November 21, 1973. The contractor would then summarize the data in a format which OCD could use in its annual report.

The contractor tested the responses in two ways. First, the contractor telephoned a random sample of 65 responding grantees and questioned them on the number, type, and severity of handicapped children in their program. If the answers "reasonably coincided" with the information in the grantee's questionnaire, the data was considered reliable. In the aggregate, the contractor concluded that there were no significant differences between the questionnaire and the retest data, and consequently, no adjustments were made.

The contractor's second test of the survey data involved telephoning 69 of the approximately 120 nonresponding grantees to determine whether information from these programs would have affected the overall survey results. The contractor determined that this data would not have significantly altered the results.

The survey showed that 22,807 (10.1 percent) of the 225,112 children enrolled in the 1,327 programs responding to the questionnaire were handicapped children. To estimate the number of handicapped children served, the contractor used the 10.1-percent factor and concluded that there were 29,286 handicapped children enrolled in all Head Start full-year programs. The contractor did not evaluate the accuracy of the questionnaire information which, in its judgment, would have been a substantial task. According to the contractor, such an attempt would have been hampered by (1) the lack of concrete, precise definitions of what constituted handicapping conditions and (2) the difficulty of assembling qualified professional teams to diagnose each reported handicapped child.

In summary, contractor officials affirmed their confidence in the survey results and their retest efforts and said they believed they had excellent data in view of the process used.

OCD guidelines define a "handicapped child" as one who has a health impairment requiring special education and related services. The guidelines provide that professionals trained in assessing handicapping conditions must confirm the handicaps identified and that Head Start programs must keep records of outreach, recruitment, and services provided to handicapped children. The guidelines further state that the diagnostic team's assessments and recommendations must play an essential role in the formation of program services and options for the handicapped. We evaluated the handicapped certification that had been performed relative to the following two considerations in OCD's guidelines:

- Was a determination that a handicapping condition existed made by someone qualified (for example, qualified in the sense that a speech therapist determines a speech impediment) to diagnose the abnormality, and was this determination clearly documented?
- Was there a clearly documented recommendation for special treatment consistent with the diagnosed condition included with the identification of a handicapping condition?

We examined the records of five grantees that had reported to the OCD contractor that they were serving handicapped children. These grantees reported that of 1,391 children enrolled 154 were handicapped. However, the grantees could provide us supporting information on only 114 of these children. Furthermore, documentary evidence that a qualified person had diagnosed and assessed a handicapping condition and, more importantly, had made recommendations for special treatment was on file for only 37 of the children. We believe it important that both types of certification be documented and available to insure that the handicapping condition will be appropriately treated and that a program participant will not be improperly classified as handicapped.

Our major concern was the potential adverse consequences of premature, and perhaps even questionable, reporting of children as handicapped. For example, the following were included in the 114 children identified as being handicapped:

- VISUALLY IMPAIRED: At one grantee, two children were reported as having severe vision impairment. With glasses, however, both were within the nonhandicapped category as established in the OCD questionnaire. In one instance, the child's ophthalmologist advised us that the child should be treated as "fairly" normal for reading purposes.
- SPEECH: A child, referred by a State health agency to a local Head Start program, was identified by the grantee as handicapped. According to the State agency, the handicap was corrected before referral.
- EMOTIONAL HANDICAP: A child was identified by a grantee as emotionally handicapped; a physician examining the child described the problem as "immaturity."
- SPEECH DIFFICULTY: A child was certified by a grantee as being handicapped because of a speech difficulty; a doctor performing a speech and hearing examination concluded that an abnormal condition did not exist.
- HYPERACTIVE: A child was identified (11-29-73) by a grantee as having a potential handicap even though an earlier evaluation by a physician (11-20-73) was "negative."

We discussed the problems that might result from incorrectly classifying children as handicapped with a university director for a special education program. She stated that some children who exhibit disruptive behavior have been classified as emotionally disturbed and, because of that classification, have been denied admission to or removed from school programs. She said that sometimes a child exhibiting disruptive behavior can, within a period of 6 weeks with the proper care, have this behavior problem controlled. This early detection and treatment prevents a child from being incorrectly classified as emotionally disturbed.

A major problem encountered by the contractor at the outset of its work was developing categorical definitions for handicapping conditions. In the contractor's judgment, there were no universally accepted definitions of handicaps. The establishment of definitions (or criteria) for identifying handicapped children is imperative to assure reasonable accuracy in reporting and to avoid erroneous identification of children as handicapped. OCD initially identified the nine handicap categories to be included. The contractor and its subcontractor then jointly established definitions for these categories. Precise definitions for the blind and deaf were stated. Other categories were less specific. Also an attempt was made to eliminate the correctible handicap from these definitions. According to some grantees, however, the lack of precise definitions of handicapped conditions remains a problem.

Some grantees had difficulty responding to the OCD contractor questionnaire because it was requested too early in the program year. OCD's contractor was equally concerned with the timing of the data gathering. The survey information was requested when many programs were under-enrolled, while others had children not yet medically screened and/or diagnosed by qualified professionals, especially when handicapping conditions seemed apparent. Data gathering this early in the program year was needed to meet the March 1974 report date, while allowing for a prior review period of 60 days by the Office of the Secretary, HEW, and 30 days by OCD.

While this report was with HEW for review and comment, the Head Start, Economic Opportunity, and Community Partnership Act of 1974 was signed by the President on January 4, 1975. This act continues the reporting requirement but no longer specifies a reporting date. According to HEW the data collection activity will be changed to February or March. The Secretary's report to the Congress would then be submitted in November of the same year.

CONCLUSIONS

OCD encourages Head Start programs to enroll and provide special services to the severely handicapped, but these children are generally excluded because the programs lack the professional staff, training, facilities, and equipment needed to adequately serve them. Unless HEW identifies and provides additional resources, Head Start may be able to adequately serve severely handicapped children only by reducing enrollment or by denying services to them or other children.

Further, to minimize the possibility of incorrectly classifying children, local programs should comply with OCD requirements that professional confirmation be obtained for any child identified as handicapped.

RECOMMENDATIONS TO THE SECRETARY,
HEALTH, EDUCATION, AND WELFARE

We recommend that the Secretary direct OCD to:

- Identify and provide a means for obtaining the resources needed for Head Start to adequately serve severely handicapped children before encouraging local programs to enroll such children.
- Ascertain that local programs obtain professional confirmation before any Head Start child is classified as handicapped.

AGENCY COMMENTS

HEW concurred with our recommendations and stated it had taken or planned to take the following actions:

- In recognition that the additional costs of providing needed special services to a handicapped child in Head Start are high--an average of \$1,151 per child as stated in the report--an additional \$20 million is included in the President's budget for fiscal year 1976 to better provide services to all of the handicapped children enrolled in Head Start including those with severe handicaps. A priority effort has been made by OCD to include the enrollment of children with severe handicaps among the total number of handicapped children served, and such efforts will be intensified during the coming year.
- Technical assistance has been and will continue to be provided to assist grantees in working with their professional diagnostic resources to insure not only meeting reporting requirements through utilization of the specific definitions provided but also providing recommendations for individualized program planning for children. Special emphasis for technical assistance is being placed on the diagnosis of speech impairments, health impairments, mental retardation, and serious emotional disturbances. Careful safeguards will be instituted during the coming year to insure that mislabeling or stigmatizing children does not occur.

MATTER FOR CONSIDERATION
BY THE CONGRESS

Because of the specialized services needed by severely handicapped children and the lack of resources in Head Start to provide for both them and the present enrollment of nonhandicapped and marginally handicapped children, the Congress may wish to consider whether the program is appropriate for meeting the needs of severely handicapped children. An alternative that should be considered is whether funding other preschool programs specifically designed for the handicapped, such as the programs supported by the Bureau of Education for the Handicapped, would better achieve desired objectives.

CHAPTER 4

PROBLEMS IN ADMINISTERING HEAD START

Although Head Start has successfully provided services to its participants, certain administrative improvements could make the program more effective. Administrative problems include grantees serving ineligible families, underenrolled classes, and low average daily attendance. Some of these problems, on which we reported previously, are still recurring because HEW does not require grantees to verify applicants' income and does not adequately control grantee activities through monitoring, followup, and management information systems.

ELIGIBILITY OF PARTICIPANTS

Head Start guidelines require that no more than 10 percent of the enrolled Head Start children be from nonpoor families. Head Start guidelines also provide that each family enrolling its child in Head Start submit documentation supporting its income.

At six of the eight grantees reviewed during school year 1973-74, more than 10 percent of the children were from nonpoor families. The 6 grantees had a total authorized enrollment of 624 children. The corresponding allowance for nonpoor participants under Head Start requirements is 63 children. To determine compliance with these requirements we analyzed family incomes of 484 enrolled children and found that 164 were from nonpoor families. This represents about 34 percent of the cases analyzed and 25 percent of the authorized enrollment. Ineligible children were enrolled because family income was not adequately verified or eligibility guidelines were misinterpreted. The cases we analyzed are summarized below.

Nonpoor Served at Selected Classes of Six Grantees 1973-74 School Year

<u>Selected</u> <u>Classes of</u> <u>grantee</u>	<u>Authorized</u> <u>enrollment</u>	<u>Cases</u> <u>analyzed</u>	<u>Nonpoor</u>	
			<u>Allowed</u>	<u>Served</u>
A	90	39	9	24
B	118	110	12	43
C	60	54	6	25
D	231	178	23	38
E	95	76	10	26
F	30	27	3	8
Total	<u>624</u>	<u>484</u>	<u>63</u>	<u>164</u>

Head Start guidelines provide that a "declaration of income" signed by the parents is acceptable documentation. Grantees A, B, D, and F accepted a signed statement by the parents as adequate income

verification. However, our comparison of stated income with earning statements provided by employers showed that in many cases the families were ineligible for Head Start.

Grantee C accepted Federal Wage and Tax Statements (W-2 forms) and payroll check stubs as adequate verification, but many files did not contain these documents. At grantee C, 22 of 25 nonpoor were from military families. In determining eligibility, the grantee did not consider all military pay and allowances as required by Head Start guidelines.

Grantee E verified income by reviewing W-2 forms, tax returns, and check stubs but used deductions not allowable under Head Start guidelines, such as bank loans and child care expenses, to reduce income to an eligible level.

The degree to which nonpoor families exceeded the eligibility limits at three of the grantees reviewed is shown below.

Amount in excess of eligibility limit	Number of Head Start families				
	Grantee			Total	
	A	B	C	Number	Percent
\$ 1 to \$1,000	6	21	3	30	33
1,001 to 2,000	7	9	7	23	25
2,001 to 3,000	3	4	6	13	14
3,001 to 4,000	2	3	6	11	12
4,001 to 5,000	3	2	1	6	6
Over 5,000	3	4	2	9	10
Total	<u>24</u>	<u>43</u>	<u>25</u>	<u>92</u>	<u>100</u>

As shown by the table, two-thirds of the participating families exceeded the eligibility limit by more than \$1,000, while only one-third were in the marginal range of \$1 to \$1,000.

RECRUITMENT

Head Start guidelines provide for a recruitment process which systematically seeks out children from the most economically disadvantaged families. At four of the eight grantees reviewed, recruitment efforts were adequate to maintain full enrollment. Recruitment efforts were insufficient, however, to maintain full enrollment throughout the year at the other four grantees. As a result, the four grantees were under-enrolled in both school years 1972-73 and 1973-74, as shown below.

<u>Grantee</u>	<u>Authorized</u>	<u>Average monthly enrollment</u>	
		<u>1972-73</u>	<u>1973-74</u> <u>(note a)</u>
A	3,932	3,643	3,524
B	1,524	1,305	1,253
C	400	371	323
E	270	240	220

^aAverage monthly enrollment through December 31, 1973.

Grantees B and E started recruiting participants for the full-year program in the spring of each year through public advertisements. At these two grantees, waiting lists were developed for those families responding to the advertisements. Grantees B and E resumed recruiting several weeks before classes began. Grantees A and C did not actively recruit but started classes with children returning from the previous year and those enrolled at the request of parents. Because of classroom vacancies, grantees A and C initiated recruiting efforts after classes started.

Recruitment was suspended during the summer because staffs were off for the summer or in training. Most recruitment stopped after November and, as attendance dropped, many classes were underenrolled during the program year.

Children were generally selected for the program on a first-come-first-served basis from previously developed waiting lists; door-to-door recruitment in target areas; or walk-in applicants who heard about the program from parents, agencies, public advertisements, or other sources. As a result, there was no systematic selection of the most economically disadvantaged families.

AVERAGE DAILY ATTENDANCE

Our report to the Congress, "Federal Programs for the Benefit of Disadvantaged Preschool Children in Los Angeles County, California" (B-157356, Feb. 14, 1969), reported that classroom space at Head Start centers was underused because of absenteeism. We recommended that Head Start guidelines be revised to require grantees to enroll enough children to achieve maximum use of resources, giving due consideration to prior enrollment, attendance statistics, and the need to identify and take action to correct the causes of absenteeism.

Head Start guidelines were not revised and classroom space at many of the grantees remains underused because of absenteeism as shown below.

Average Daily Attendance
School Year 1972-73

<u>Grantee</u>	<u>Classes</u>		<u>Students authorized per class</u>	<u>Average daily attendance</u>
	<u>Type</u>	<u>Number</u>		
A	Part day	10	15	13
B	Part day	1	15	10
	Full day	4	15	13
C	Part day	5	20	18
D	Part day	5	15	13
E	Part day	3	25	20
	Full day	3	20	14
	Full day	2	25	17
F	Part day	2	15	12
	Full day	2	15	11
G	Part day	5	15	13
H	Part day	1	15	14

As shown above, grantee H had the highest average daily attendance for classes authorized to have 15 children. The director at grantee H told us it overenrolled during school year 1972-73 to compensate for absences. For example, in 1 class with an authorized enrollment of 15, the average enrollment was 17 and the average daily attendance was 14.

MONITORING OF GRANTEE ACTIVITIES

The three regional offices we reviewed did not effectively follow up on problems identified in monitoring reports to insure that corrective actions were taken. As a result, many problems identified by monitoring and reviews of grantees were still recurring. In addition, OCD headquarters and regional offices lack the data necessary to account for and control wide variations in local performance and costs and the information necessary to identify and resolve local problems promptly.

Regional monitoring systems

HEW regional offices are responsible for providing program and funding guidance to Head Start grantees, processing and approving applications for individual project funds, and monitoring individual Head Start grantees to insure compliance with Head Start guidelines. OCD's requirements for local Head Start programs are stated in the Head Start Program Performance Standards. These standards are to be used by the person(s) performing the monitoring as criteria for measuring grantee compliance.

All eight grantees we reviewed had been monitored during the past 3 years by the regional office, and in many cases the grantee documented its planned corrective actions for the problems identified in the monitoring reports. However, many of these problems were still occurring. For example, in May 1972 the regional office's monitoring team found that grantee E was underenrolled, parents were not participating, recruitment was poor, and ineligible children were being served. Although corrective action was planned, the regional office did not follow up to determine if the planned corrective action had been taken. During our visit in January 1974, the grantee was experiencing the same problems.

Officials of the three regional offices reviewed said the staff assigned to monitoring must also perform other regional responsibilities requiring most of their time, such as processing grants, providing assistance to grantees, and first-time monitoring of other grantees. HEW audits of two other regional offices concluded that followup on recommendations in monitoring reports was inadequate because of limited staff.

Management information

HEW regional offices could provide better control over, and more assistance to, grantees before scheduled monitoring if they had information on the cost and effectiveness of the grantee operations. The regional offices do not systematically receive the type of information from grantees that could be used to effectively manage and control the program and to document corrective actions taken on recommendations in monitoring reports. For example, although financial data is reported quarterly by the grantees, the regions generally do not obtain data on

program operations except from grant applications and during monitoring. As previously shown, some centers were underenrolled and/or experienced low attendance, and the regions generally were unaware of these problems until monitoring occurred.

Regional offices could provide prompt assistance to correct operational problems if they had information which could be used to help them focus on problems. In addition, this information could assist OCD by providing more accurate data to headquarters for budgeting and reporting. Currently, OCD's data on the number of children served and the cost per child may be inaccurate because the reported 379,000 children served is based on budgeted slots. The actual number of children may be less than the budget data because some grantees were underenrolled.

CONCLUSIONS

Six of the eight grantees reviewed had ineligible participants because they had not adequately verified family income by requiring documentation, such as tax returns, W-2's, and payroll check stubs, or had misinterpreted the eligibility guidelines.

Four of the grantees reviewed were underenrolled in both school years 1972-73 and 1973-74 because their recruitment efforts were generally not continued throughout the school year to maintain full enrollment.

We reported in 1969 that Head Start classroom space was underused because of absenteeism. Space at many of the grantees we reviewed is still underused because of absenteeism. More eligible children could be served if those grantees experiencing low attendance were required to overenroll after considering staff-student ratios and causes of absenteeism.

Many grantee problems, such as recruitment, eligibility, and under-enrollment, were previously identified through OCD monitoring and our reviews. These problems continue because the three regional offices reviewed were not effectively following up on corrective actions promised by grantees.

In addition, regional offices are not aware of these problems until monitoring occurs because they do not systematically receive the type of information from grantees that provides data on compliance with Head Start guidelines. This information could help (1) identify grantee problems promptly, (2) develop better data on the number of children served and the cost per child, and (3) focus HEW's limited field resources on problems.

RECOMMENDATIONS TO THE SECRETARY,
HEALTH, EDUCATION, AND WELFARE

We recommend that the Secretary direct OCD to:

- Require grantees to obtain documentation demonstrating eligibility from families applying for Head Start to insure that no more than 10-percent nonpoor families are served.
- Require grantees to emphasize early and continuous recruitment to better insure full enrollment.
- Require grantees experiencing high absenteeism to overenroll, after considering staff-student ratios and causes of absenteeism.
- Assess the current processes used by regional offices during monitoring of Head Start grantees to determine whether staff time and resources are efficiently used.
- Systematically acquire the information needed by regional offices to help HEW focus its field resources on problems.

AGENCY COMMENTS

HEW concurred with our recommendations and stated that it had taken or planned to take the following actions:

- To insure that Head Start continues to be directed primarily toward serving low-income families, OCD will work with the regional offices to develop policies and procedures for Head Start grantees to use in obtaining more definitive information on the income of families applying for Head Start.
- A mechanism will be initiated for full-year recruitment activities in order to insure full enrollment. Grantees will be instructed to start recruitment during the earlier part of the year and to continue it on an ongoing basis so that vacancies can be replaced without delay from updated waiting lists.
- Regional offices will be directed to pinpoint those grantees experiencing chronic high absenteeism or underutilization of resources with a view to determining the causes for this problem. Head Start policy will be modified to permit overenrollment in those cases where representatives from the regional office and Head Start grantees agree that overenrollment will serve to improve the situation without having a negative effect on program operations.
- OCD has recognized this as a problem area and has developed a more comprehensive and effective system for monitoring Head Start grantees which should make more efficient use of limited regional office staff time and resources. It requires grantees to analyze their own program operations using a carefully constructed self-assessment instrument. OCD regional offices will then utilize the information contained in the grantees self-evaluation as a basis for program planning and budgeting as part of the annual grant cycle. Information contained in the grantees' self-assessment will be validated by periodic visits of regional teams.

--OCD, in conjunction with the Office of Human Development, has recently initiated activities to develop a Head Start information system to make available to headquarters and regional offices quarterly program progress and statistical data. This information system will meet basic data requirements in connection with the new grants management process required by Office of Management and Budget Circular A-102 as well as other basic management needs of OCD. In addition, this information system, together with other regional management processes now in place or under development, will provide regional offices with a capacity to focus field resources on identified grantee problem areas.

INFORMATION FROM SELECTED STUDIESRELATING TO HEAD START IMPACT

Since Head Start began in 1965, there have been numerous studies and evaluations of all aspects of the program. For our purposes we reviewed those which concerned Head Start's impact on the child, family, and community. We met with some of the principal investigators to discuss their methodology, examine their data, and review their reports. The following synopses present the general conclusions of selected studies and evaluations we reviewed.

The Impact of Head Start (June 12, 1969)

The Westinghouse Learning Corporation evaluated Head Start's psychological and intellectual impact on Head Start participants. The evaluation, done on a nationwide basis, used children who had attended Head Start and control groups of children from the same schools who had not attended Head Start. The evaluation concentrated on the extent children in the first, second, and third grades who had attended Head Start programs differed in their intellectual and social personal development from children who did not attend. The contractor focused primarily² on the program's educational, cognitive¹ impact rather than affective² impact.

The contractor concluded that:

- Summer (Head Start) programs appear ineffective in producing any persisting gains in cognitive or affective development that could be detected in grades 1, 2, and 3.
- Full-year (Head Start) programs were marginally effective in terms of producing noticeable gains in cognitive development that could be detected by the measures used in grades 1, 2, and 3 but appear ineffective in promoting detectable, durable gains in affective development.
- Head Start children, whether from summer or full-year programs, appear to fall below national norms in standardized tests of language development and scholastic achievement.

¹Included measures of academic achievement and intellectual readiness to respond to learning opportunities.

²Included measures of a child's positive self-concept, motivation to achieve, and attitude towards school and others.

In summary, the Head Start participants involved in the study were not appreciably different from their non-Head Start peers in the elementary grades.

Report on Preschool Programs (Dec. 1971)

This report, prepared by Dr. Marian Stearns for OCD, examined and summarized the results of other reports on the effects of preschool programs on disadvantaged children and their families. Dr. Stearns reported that in study after study preschool (including Head Start) attendance--even in centers with the most sophisticated knowledge, personnel, and planning--makes no difference in either achievement or measured intelligence in disadvantaged children by the end of the sixth grade. However, immediate, short-term gains were detected in preschool children.

Federal Programs for Young Children (Jan. 1973)

This study was done by the Huron Institute for the Office of the Assistant Secretary for Planning and Evaluation in HEW and concerned the issues and justifications for Federal programs on behalf of children. It could not find much conclusive evidence arguing for the mounting of children's programs or for their effectiveness.

Huron found that, although preschool programs (including Head Start) result in immediate increases in IQ scores, most gains do not persist beyond the second or third grade. The following are extracts from Huron's report:

"The effects of most pre-school projects on IQ scores do not persist beyond the second or third grade. Rate of gain in the pre-school groups slows by the end of the first grade while controls show an increase in scores at school entry. The gap between experimental and control children decreases. * * * This 'wash-out' suggests the pre-school projects do not exert a permanent impact on the intellectual level.

"Although there has been a general belief that the success of pre-school projects would be increased if the age of intervention were lowered, there is little concrete support for the belief.

"Also in the absence of sustained intervention, no direct relationship has been found between the length of time spent in pre-school and the size of IQ increments.

"The gains have sometimes been quite small and even in the best programs the children have only very partially caught up intellectually. A brief period of enrichment at four years of age is no more likely to be still effective at

seven years than a good diet taken only at four years would protect a child from malnutrition at seven years. * * * To be effective, the educational help must be continued."

A Report on Longitudinal Evaluations
of Preschool Programs (May 1974)

This two-volume report, edited by Dr. Sally Ryan, is a compilation of eight longitudinal evaluation reports of preschool programs, including Head Start, and presents a well-known researcher's observations concerning the effectiveness of early intervention. The report's overall theme concerns the question: What happened educationally to the child as a result of the program? Emphasis was placed on the child's performance in school, considering achievement; social attitude; school attendance; health; parental interest in the child; and the child's cognitive, perceptive, and linguistic abilities.

The report concludes that the data suggests preschool intervention does not guarantee continued success through public school, although it can enhance school readiness and particular skills in the first few years. In summary, the data indicates preschool intervention has an immediate impact on the child's performance. Intervention programs have had several long-term, positive effects:

- Participants show continued IQ gains through second grade. The children perform better than control groups on achievement tests even after IQ differences were not found.
- Intervention children were rated as being better adjusted socially and showing more academic promise than control children.

However, impact may be affected by certain variables, such as age, sex, initial IQ, relative socioeconomic status type of preschool intervention, and continuity of intervention across preschool and primary school grades.

Educational Testing Service

An ongoing study by the Educational Testing Service for OECD involves an analysis of disadvantaged children and their first school experiences. The study involves economically disadvantaged children, covering a span of approximately 4 through 8 years of age--or from 2 years before entrance into first grade through completion of third grade. The study population was identified and information was gathered before the target children were eligible to enter Head Start. Although the study was incomplete, information we received suggested that:

- A developmental lag exists for low-income children in cognitive and perceptive abilities.
- The rate of development is associated with socioeconomic advantage.

- The children who entered preschool with greatest cognitive skills showed an advantage in their adaptation to the pre-school environment which they maintained through the school year.
- The compensatory education programs, which attempt to increase self-esteem in hopes this will increase achievement, may be misdirected.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

OFFICE OF THE SECRETARY

FEB 21 1975

Mr. Gregory J. Ahart
Assistant Director
Manpower and Welfare Division
General Accounting Office
Washington, D.C. 20548

Dear Mr. Ahart:

The Secretary asked that I respond to your request for our comments on your draft report to the Congress entitled, "Assessment of Project Head Start." They are enclosed.

We appreciate the opportunity to comment on this draft report before its publication.

Sincerely yours,

John D. Young
Assistant Secretary, Comptroller

Enclosure

Department of Health, Education and Welfare Comments Pertaining to the Draft Report by the General Accounting Office entitled "Assessment of Project Head Start"

CAO RECOMMENDATIONS TO THE SECRETARY, HEW

The Secretary of HEW should direct OCD to:

- Assist local project officials in identifying and implementing alternative means for involving more parents in the program.

DEPARTMENT COMMENT:

We concur with the recommendation. Parent involvement has been an essential component of Head Start from its inception. While significant strides have been made in involving parents in key roles in planning and managing local Head Start programs, participating as paid staff and volunteers, and in other ways moving to influence their own lives and those of their children, we recognize that these efforts have met with greater success in some programs than others. As a central focus of the strategy to upgrade parent activities, OCD is in the process of promulgating policies in the area of parent involvement in the form of regulations. These policies, recently approved by the Secretary as a Notice of Proposed Rule Making, provide for alternative means of involving more parents in the program and increasing the participation of the overwhelming majority of Head Start parents now involved in some capacity. Building upon this policy foundation, further priority steps will be undertaken, in concert with regional offices and local programs, to implement a more effective parent involvement program.

CAO RECOMMENDATION TO THE SECRETARY, HEW

The Secretary should direct OCD to:

- Identify and provide a means for obtaining the resources needed for Head Start to adequately serve severely handicapped children before encouraging local programs to enroll such children.

DEPARTMENT COMMENT

We concur with this recommendation. We recognize that the additional costs of providing needed special services to a handicapped child in Head Start are high -- an average of \$1151 per child as stated in the report. An additional \$20 million is therefore included in the President's Budget for fiscal year 1976 to better provide services to all of the handicapped children enrolled in Head Start including those with severe handicaps.

...with respect to severely handicapped children ... with the provisions of the 1972 Amendments to the ... (P.L. 92-424) -- now the Head Start Act of ... to assure that no less than ten percent of the total ... enrollment opportunities in the Head Start program shall ... for handicapped children "...and that services shall be ... to meet their special needs." In essence the term "handicapped" ... with the phrase "special needs," and includes, but is not ... severely handicapped children.

The definition defines handicapped children as those who are "mentally retarded, and of hearing, deaf, speech impaired, visually handicapped, emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services."

Definitions for these categories for reporting purposes have been developed through communication with professional agencies and organizations which provide services to handicapped children. Definitions of handicapped children specifically exclude conditions of milder disabilities which represent normal developmental lags or are readily correctible. They will be reviewed annually to ensure their adequateness and appropriateness. A priority effort has been made by ... to include the enrollment of children with severe handicaps among the total number of handicapped children served, and such efforts will be intensified during the coming year.

LAO RECOMMENDATION TO THE SECRETARY, HEW

The Secretary should direct OED to

- Ascertain that local programs obtain professional confirmation for any Head Start child before he or she is classified as handicapped.

DEPARTMENT COMMENT

...with this recommendation... requires the use of ... diagnosis is that a child is handi-
... has been and will continue to be provided ... with their professional diagnostic ... reporting requirements through ... also providing ... program planning for children. ... being placed on the ... mental retardation, ... safeguards will ... that mislabeling or

[See GAO note, p. 35.]

GAO RECOMMENDATION TO THE SECRETARY, HEW

The Secretary should direct OCD to:

- Require grantees to obtain documentation demonstrating eligibility from families applying for Head Start to assure that no more than 10 percent non-poor families are served.

DEPARTMENT COMMENT:

We concur with the recommendation. The Head Start Act of 1974 essentially gives the Secretary authority to include, to a reasonable extent, children who would benefit from Head Start but whose families do not meet the low-income criteria. Participation by children from non-poor families has been limited by administrative action to no more than 10 percent.

To ensure that Head Start continues to be directed primarily toward serving low-income families, we will work with the regional offices to develop policies and procedures for Head Start grantees to use in obtaining more definitive information on the income of families applying for Head Start.

GAO RECOMMENDATION TO THE SECRETARY, HEW

The Secretary should direct OCD to:

- Require grantees to place more emphasis on early and continuous recruitment as needed to better assure full enrollment.

DEPARTMENT COMMENT

We concur with the recommendation. We will initiate a mechanism for full-year recruitment activities in order to ensure full enrollment. We will also instruct grantees to start recruitment during the earlier part of the year and to continue it on an ongoing basis so that vacancies can be replaced without delay in completed waiting lists.

GAO RECOMMENDATION TO THE SECRETARY, HEW

The Secretary should direct OCD to:

- Require grantees experiencing high absenteeism to over-enroll after giving due consideration to staff student ratios and the causes of absenteeism.

DEPARTMENT COMMENT:

We concur with the recommendation. Regional offices will be directed to pinpoint those grantees experiencing chronic high-absenteeism or under-utilization of resources with a view to determining the causes for this problem.

Head Start policy will be modified to permit over-enrollment in those cases where representatives from the regional office and Head Start grantees agree that over-enrollment will serve to improve the situation without having a negative effect on program operations.

GAO RECOMMENDATIONS TO THE SECRETARY, HEW

The Secretary should direct OCD to:

- Assess the current processes used by regional offices during monitoring of Head Start grantees to determine whether staff time and resources are being used efficiently in carrying out this function.

DEPARTMENT COMMENT:

We concur with this recommendation. OCD has recognized this as a problem area and has developed a more comprehensive and effective system for monitoring Head Start grantees which should make more efficient use of limited regional office staff time and resources. It requires grantees to analyze their own program operations using a carefully constructed self-assessment instrument. OCD regional offices will then utilize the information contained in the grantees self-evaluation as a basis for program planning and budgeting as part of the annual grant cycle. Information contained in the grantees' self assessment will be validated by periodic visits of regional teams.

GAO RECOMMENDATION TO THE SECRETARY, HEW

The Secretary should direct OCD to:

- Provide for systematic acquisition of the type of information needed by regional offices to assist HEW in focusing its field resources on identified problem areas.

DEPARTMENT COMMENT:

We concur with this recommendation. OCD, in conjunction with OHD, has recently initiated activities to develop a Head Start information system to make available to Headquarters and Regional Offices quarterly program progress and statistical data. This information system will meet basic data requirements in connection with the new grants management process required by OMB Circular A-102 as well as other basic management needs of OCD. In addition, this information system, together with other regional management processes now in place or under development, will provide regional offices with a capacity to focus field resources on identified grantee problem areas.

GAO note: Material deleted from these comments referred to matters discussed in the draft submitted for review but not contained in the final report.

PRINCIPAL OFFICIALS OF THE
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
RESPONSIBLE FOR ADMINISTERING ACTIVITIES
DISCUSSED IN THIS REPORT

		<u>Tenure of office</u>	
		<u>From</u>	<u>To</u>
SECRETARY OF HEALTH, EDUCATION, AND WELFARE:			
Caspar W. Weinberger	Feb. 1973	Present	
Frank C. Carlucci (acting)	Jan. 1973	Feb. 1973	
Elliot L. Richardson	June 1970	Jan. 1973	
Robert H. Finch	Jan. 1969	June 1970	
ASSISTANT SECRETARY FOR ADMINISTRATION:			
Robert H. Marik	Mar. 1973	Feb. 1974	
Stuart H. Clarke (acting)	Nov. 1972	Mar. 1973	
Rodney H. Brady	Feb. 1971	Nov. 1972	
Ronald Brand (acting)	Dec. 1970	Jan. 1971	
James Farmer	Apr. 1969	Dec. 1970	
ASSISTANT SECRETARY FOR HUMAN DEVELOPMENT (note a):			
Stanley B. Thomas, Jr.	Aug. 1973	Present	
Stanley B. Thomas, Jr. (acting)	Apr. 1973	Aug. 1973	
DIRECTOR, OFFICE OF CHILD DEVELOPMENT:			
Saul R. Rosoff (acting)	Aug. 1972	Present	
Edward F. Zigler	June 1970	July 1972	
Jule M. Sugarman (acting)	July 1969	June 1970	

^aIn April 1973 responsibility for the Office of Child Development was transferred from the Office of Administration to the newly formed Office of Human Development, headed by the Assistant Secretary for Human Development.

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